



02/02/09

1FW 1644

Docket No.: JKJ-003US
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Robyn O'Hehir et al.

Application No.: 10/510,276

Confirmation No.: 9537

Filed: August 22, 2005

Art Unit: 1644

For: **IMMUNOTHERAPEUTIC AND
IMMUNOPRPHYLACTIC REAGENTS**

Examiner: N. M. Rooney

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM

Dear Sir:

Circassia Ltd., the Assignee of the entire right, title and interest in the above-identified application hereby appoint all attorneys associated with

Customer Number 00959

jointly and severally, my attorneys at law/patent agent(s), with full power of substitution and delegation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the U.S. Patent and Trademark Office connected therewith.

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By: LLoyd

Typed Name: C.S.W. SWINGLAND

Title: DEPUTY CHAIRMAN

Dated: 19 NOVEMBER 2008



JAN 30 2009

PTO/SB/21 (10-08)

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TRANSMITTAL FORM

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		Application Number	10/510,276-Conf. #9537
		Filing Date	August 22, 2005
		First Named Inventor	Robyn O'HEHIR
		Art Unit	1644
		Examiner Name	N. M. Rooney
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ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Jill Gorpy Sloper, Esq.		
Date	January 30, 2009	Reg. No.	60,760

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